

OBSERVATIONS
ON THE
TREATMENT
OF
CERTAIN SEVERE FORMS OF
HEMORRHOIDAL EXCRESCENCE.

ILLUSTRATED WITH CASES.

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“ It is certainly a disease, which whoever labours under must lead a
“ miserable existence, consequently every attempt towards the relief of it
“ must be proportionably valuable.” POTT'S WORKS.

LONDON:

PRINTED FOR LONGMAN, HURST, REES, ORME, AND BROWN,
PATERNOSTER-ROW;
AND HODGES AND M'ARTHUR, DUBLIN.

1817.

ORDERLY ATTORNEYS

OF THE

CHANCERY

IN

THE COURT OF CHANCERY

IN THE CHANCERY

IN THE CHANCERY

IN THE CHANCERY

TO

WILLIAM HEY, Esq.

MEMBER OF THE ROYAL COLLEGE OF SURGEONS
IN LONDON ;

HONORARY MEMBER

OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND ;
OF THE ROYAL MEDICAL SOCIETY OF EDINBURGH ;

AND

OF THE LITERARY AND PHILOSOPHICAL SOCIETY
OF MANCHESTER ;

AND

SENIOR SURGEON OF THE GENERAL INFIRMARY
AT LEEDS ;

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OBSERVATIONS
ON
HEMORRHOIDAL EXCRESCENCE.

SEVERAL years have now elapsed, since I was present at a case, in which the ligature was applied for the removal of hemorrhoidal tumors, according to the method practised by the late Mr. Pott, and recommended in his surgical works. The case was one of great severity. The subject of it, a female between the age of forty-six and fifty years, was exceedingly emaciated, and seemed almost worn out by pain and hemorrhage.

The anus readily admitted the introduction of the two first fingers. The integuments of its border hung like a circular tube between the nates to the extent of two inches, assuming the appearance of a pro-

lapsus ani, in every particular except its colour, and the disposition of its rugæ. Whenever she made an effort as at stool, a number of red, firm, circular tumors descended, and produced those painful consequences which it is unnecessary to particularise. These tumors were severally included in a ligature by an intelligent practitioner, the patient making loud complaints at each application.

After the operation, a poultice was applied to the anus, and an anodyne was administered. On the day following, the situation of this female was very alarming; she was distracted with abdominal pains, constant nausea, and fruitless efforts to vomit; her pulse was small and frequent; the extremities were cold; there were occasional, slight convulsions, and she had passed no urine since the operation, though she anxiously desired to do so; the bladder

had risen so as to be easily felt above the pubis. Her urinary distress was relieved by the catheter. Still, however, she experienced considerable irritation about the bladder, and a strangury continued for several days. At one time this case seemed to be nearly hopeless; the symptoms, however, gradually yielded to a liberal use of opium, stupes, poultices, and venesection.

Not long after this period, the ligature was applied in the case of a gentleman, who had been troubled with hemorrhoids for several years; the operation was fatal to him, tetanus having set in, in the course of a few days.

About the same time, Mr. Hey published his excellent observations on surgery. When I had read the chapter which treats of the procidentia ani in adults, I began to reflect upon the application of his plan of

treatment to the first of the cases, to which I have above alluded; and I now resolved to adopt his practice, whenever I should have an opportunity of putting my determinations into effect.

Although I pressed the operation in many instances, a considerable period elapsed, before I could persuade any patient to submit to it, so great were the apprehensions of the consequences of employing the knife, which, I may say, had then fallen into disuse and disrepute. At length, however, driven by torture, and disappointed reliance on the plan of cure to which he had hitherto submitted, a person applied for that desperate remedy, which he had heard I had proposed to others, who had consulted me on the same subject. The following are the circumstances of the case, as they were noted at the time.

CASE 1.

On the 2d. of July, 1811, Mr. P——e, about forty-five years of age, applied to me on account of an hemorrhoidal complaint, by which he had been for a long time annoyed, and was made truly miserable during the last two years.

The integuments at the margin of the anus projected upwards of an inch and a half, and terminated in a number of soft, livid, pile-like tumors. When he made an effort as if at stool, several large, firm internal piles protruded, assuming the appearance of a large prolapsus ani, which it required many painful efforts to return; he was teased by constant tenesmus.

The expression of this gentleman's face was quite indicative of his suffering, while his sallow and emaciated appearance bore

evidence of the duration and excess of his hemorrhoidal discharge. I directed a dose of laxative medicine preparatory to the operation, which I intended to perform on the day following but one. At an early hour next morning, I was surprised by a visit from my patient, who exclaimed that he would rather die than endure the pain which he had suffered since yesterday. He implored me to remove the parts at once, which were now protruded to a much greater degree than I had seen them at my first examination. I followed him to his residence; and, assisted by my friends Mr. Hamilton *, and Mr. Bolton, surgeon to the Enniskillen dragoons, I disposed my patient on a table, in the same manner as in the operation for lithotomy. I returned every part which had recently descended, and I then passed a large curved needle, carrying a strong ligature through the entire

* One of the senior Surgeons to St. Peter's Hospital.

circle of the pendulous projection. Directing my patient to force gently downwards, while I drew the parts firmly towards me, I removed them at one stroke of the scalpel. Several veins, which lay on the surface of the tumor were divided, but these quickly ceased to bleed. Two small arteries, which spouted rather smartly at first, were readily commanded by a sponge compress, supported by the common T bandage.

The remainder of this day was spent without pain or uneasiness, and during the night he had refreshing sleep.

On the morning following, he took a laxative draught, which produced three stools during the day.

On the third day from the operation he felt himself so "easy and well," that he was

dressed, when I called to see him, and prepared to engage in his usual occupations.

On going to stool upon the fourth day, he experienced some difficulty, which he referred to the anus. Apprehending, that this outlet might become too narrow, I forced up my finger, and gave directions that his bowels should be freed in the course of the day.

On the fifth day, my patient felt himself, to use his own words, "so completely a new man," that he considered my farther attention altogether unnecessary.

I have had frequent opportunities of speaking with this gentleman, since I performed the operation, and he has assured me, that he does not perceive the least

tendency to his old complaint. Within a few weeks, he permitted me to examine the anus. There are no external marks to lead one to think, that it had been the seat of disease, or the subject of operation; I introduced my finger into the rectum without difficulty, and was greatly pleased at discovering, that the hemorrhoids which once filled it, had nearly disappeared.

CASE 2.

—— Hayden, about forty years of age, of a tall, thin make, and a ghastly countenance, applied at St. Peter's and St. Bridget's hospital, for a remedy against piles, with which he had been a long time afflicted.

The anus was surrounded by a loose, flaccid circular projection, which the common integuments covered externally, and a vas-

cular tunic lined within ; my finger passed into the rectum without the usual resistance. To the greatest height, to which my examination could extend, this intestine seemed to be occupied by soft, round, elastic tumors, which bore a considerable pressure without exciting uneasiness. Indeed, he observed, that he seldom experienced any pain unless when at stool, and that then a considerable protrusion took place, accompanied with hemorrhage and most acute agony.

On the day of his admission, his bowels were well freed, and on the following morning, in the presence of Messrs. Hamilton, Halahan, and Johnstone, I removed the parts, in the manner which has been described in the former case.

Although it is evident from the appearance of the parts which were removed,

and of which I have thought proper to annex an engraving, that several veins were divided, yet the hemorrhage which immediately followed the operation was very inconsiderable; some lint, smeared with simple ointment, was laid against the anus; the T bandage was applied, and he was put to bed.

In the afternoon, he perceived that he was bleeding, and alarmed the pupil * in attendance. As it was at first believed, that the hemorrhage proceeded from within the intestine, styptics and compression were had recourse to. As these efforts proved to be both painful and fruitless, I was called for. When I arrived, I found my patient greatly exhausted. After some patient search, I discovered the source of the

* Mr. George Melin, a young gentleman, of whose zeal, attention, and humanity, it is impossible to speak in sufficiently commendatory terms.

bleeding to be a small artery, which lay immediately under the skin. This vessel was readily secured by ligature. Some simple dressing was applied, and an opiate was directed to be given, as he appeared to be in a state of considerable irritability, and complained of great soreness about the anus.

His bowels were kept in a state of regularity during a fortnight, at the expiration of which period he left the hospital, the anus showing scarcely any mark of the operation, and free from every appearance of piles or prolapsus.

It is now nearly four years since this operation was performed. As this person lately applied at the hospital, in consequence of an injury of his hip, I took the opportunity of examining the anus in the presence of several of my pupils. There is not the

slightest trace of pre-existing disease, nor any remaining mark of a former operation. When he goes to stool, protrusion does not take place. He says, that he enjoys the full power both of retaining and discharging the fæces.

CASE 3.

B———, Esq. forty years of age, a full liver and of sedentary habits, has had internal piles for several years. He is now particularly annoyed by a discharge, which issues from a perfect fistula, which communicates with the rectum, immediately above the sphincter ani. The integuments at the margin of the anus appear elongated to the extent of an inch and better; they are very tender and excoriated. Such is the relaxation of the parts which form the anus, that the finger can be introduced without much difficulty.

He says, that whenever he goes to stool his piles protrude, and that he then experiences considerable pain.

In this case, I first performed the operation for fistula, and afterwards removed the pendulous border of the anus, in the manner which I have already described. Nothing troublesome ensued.

It is now one year since this operation was performed, and I am assured, that there is not the least disposition to a return of the disease.

CASE 4.

It is now about two years since I was consulted by M——, Esq. a gentleman of twenty-one years of age, on account of piles, to which he had been subject for upwards of twelve months, and from which he then occasionally suffered a considerable

degree of distress. He told me, that on going to stool, he perceived the piles to descend in numbers, and to form a most painful tumor, which he found he could not return, until he employed a moderate pressure, assisted by the horizontal posture for some hours. From the regularity with which this descent took place whenever he had a motion, he produced a habit of going to stool every evening a little before his bed-time, that he might have that convenient opportunity for rest immediately after. He also informed me, that he was annoyed by a discharge of blood whenever he was obliged to strain himself.

At this period, the integuments at the margin of the anus seemed to project a little, and felt soft and flabby. Such was the relaxed state of the parts, that I found no difficulty in introducing my first and middle

fingers at the same time. I felt a number of elastic tumors on the internal surface of the intestine, as far as my examination could extend.

I proposed the operation which I had performed in the former cases. My patient, however, refused to submit to it, saying, that he had often heard that persons were cured of a similar disease by means of internal remedies.

I desired accordingly, that he should provide against costiveness by the use of soft food, and a spoonful of Ol. Ricini, which I advised him to take occasionally; that he should return the parts as often as they protruded; and that he should daily bathe the anus with cold water, by which I thought it likely that its tone would be improved.

He promised to inform me of the effects of this treatment, from which he hoped for the happiest results, but from which experience had taught me not to expect much; and he assured me at parting, that should his disease continue or increase, he would return to Dublin and submit to the operation which I proposed to him with so many promises of advantage.

He persevered in the course which I desired for six months; finding, however, that it was of no service to him, he gave it over, and resolved to undergo the operation.

Circumstances prevented him from coming to town until July last. The parts at the border of the anus had grown to the extent of an inch; they were soft and flaccid, and were not painful on handling them. He informed me that they sometimes swelled and were very tender. With-

in this pendulous border, there were two fleshy piles which had their necks situated above the sphincter ani. By a little effort he brought many others into view, together with several plaits of the lining membrane of the rectum.

At stool he says that he suffers much, and that there is now a greater difficulty in replacing these parts, than there was when he first applied for my advice.

When the operation of a medicine administered for the purpose of freeing the bowels had ceased, the pendulous parts were removed in the usual manner, and simple dressings were applied.

For some hours after the operation, he was greatly disturbed by stinging pains, which he described to take the direction of the rectum. An opiate was prescribed,

and it was desired, that he should be kept quiet.

On the day following, he had a costive stool, which passed without pain, but was followed by a smart hemorrhage; this, however, was not of long continuance, and it ceased altogether on the application of cold water to the parts, and keeping them exposed to the air.

On the next day, his bowels were well emptied, and he was free from every uneasiness.

On the third day, he complained of tenesmus. On examination, a pile was found within the grasp of the sphincter ani. This tumor was easily returned, and two grains of solid opium were then introduced into the rectum.

On the fourth day, he felt quite well.

On the fifth, the granulations were too luxuriant, and required to be repressed. For several days, this local attention was necessary. When the parts were cicatrised, I thought it prudent to advise the occasional introduction of a rectum bougie, as I thought the anus was too narrow for convenience.

It is now two months since this gentleman left town. In a letter which he addressed, within a few days, to a friend, who frequently visited him during his short confinement, he writes, — “ I am happy to in-
“ form you, I am continuing to be perfectly
“ well ; my bowels are getting open without
“ the assistance of medicine, but at each
“ stool the piles come down, but imme-
“ diately on touching them, they go up
“ again, and are of no kind of trouble or

“inconvenience to me ; I find, when assist-
“ing them in going up, they are much softer
“than they used to be, and at no time
“since I saw you, did they attempt to
“bleed. I have every night going to bed
“put up the small-sized wax candle, and left
“it up for at least an hour.” — Sept. 1816.

I have lately had a visit from Mr. M——, in consequence of another complaint, totally unconnected with his former one, of which, he conceives, that he is perfectly cured. He is a man of very active habits, and values himself on the length of journey he can make on foot or horseback. He can now indulge the disposition, without suffering the slightest inconvenience. I have examined the anus. Externally there is no trace of the knife, nor any appearance of the disease. The finger is easily introduced, and the piles which used to descend are scarcely to be felt. The parts

are not subject to any serous moisture, and there has not appeared the least tendency to a sanguineous discharge.

Cases similar to these must have occurred to every practitioner. In such, however, it appears, that the greater number have been satisfied with a trial of remedies, the inefficacy and danger of which has been established by long experience. When we consider the inconveniences of which those complain, who suffer even from the milder form of hemorrhoids, and reflect on the distressing state of such as are afflicted with the more severe stages of the disease, we cannot be too attentive to prevent the progress of the former, or too thankful, that we possess a remedy for that particular degree of this malady, in which all its pain and malignity seem to be united.

For this remedy, our acknowledgements are due to Mr. Hey, of Leeds * especially. This excellent surgeon was bold enough to resume the knife, which the authority of Mr. Pott had long since induced the profession to lay aside, and to use it with more freedom than it had ever been employed in the cure of hemorrhoidal disease, and upon principles altogether different from those on which his predecessors had acted.

It is a matter of surprise to me, that a plan of treatment, which comes recommended by the candid pen, and successful practice, of such a high surgical authority, has not been more generally adopted by the profession. I am not aware, that this operation has been performed in any other cases in this country than those which have been described ; and I am disposed to conclude, that it has not been used in the

* Hey's Surgery.

sister countries, Mr. Hey's being the only cases to which authors make a reference. If things are really thus, it may be justly asked, why they are so, and why a plan of treatment which has been shown by experiment to be both safe and effectual, is not generally pursued, in a disease by which human existence is made miserable?

As there is every reason to believe that it is principally the apprehension of a fatal hemorrhage, which deters practitioners from the use of the knife, in cases similar to those detailed above, it will not be amiss to enquire into the ground upon which these apprehensions rest.

In the course of my reading I do not recollect to have met with more than a single case of fatal hemorrhage consequent on the operation with the knife, in any stage of hemorrhoidal disease. Nor have I heard

of more than one; and if I have been correctly informed, the event was unfortunate in that instance, because the surgeon was both ignorant and negligent.

Petit relates the only recorded case with which I am acquainted, where a fatal hemorrhage followed the excision of a hemorrhoidal tumor. The reader, however, will observe the confidence with which this experienced surgeon speaks of the practicability of arresting the discharge, had the person in attendance been in possession of the means which he was accustomed to employ in similar instances. “ Dans cette
“ situation, (alluding to the internal border
“ of the sphincter ani, the height at which
“ the bleeding vessel lay,) le sang ne
“ pouvoit être arrêté par une compression
“ semblable à celle que l’on avait faite;
“ mais au contraire, cette situation auroit
“ été très-avantageuse à l’application de

“notre tampon.” — Œuv. Post. de J. L. Petit, t. ii. ed. 1790, p. 130.

It appears that the same author used the knife in the removal of that form of hemorrhoidal excrescence which is illustrated by the cases I have given, and that no unmanageable hemorrhage was the consequence. “Je lui avois coupé un bourrelet
“d’hémorroïdes dures, toutes adhérentes,
“la plupart ulcérées, et qui bordoient
“presque la circonférence du rectum. L’hémorrhagie avoit été considérable; je
“l’avois arrêtée avec les deux tampons.” — T. ii. p. 134.

So free from every apprehension of serious hemorrhage was the mind of Petit, that he was in the practice of letting blood from hemorrhoidal tumors in certain diseases; and he expresses his surprise, that this operation is not more frequently performed,

in the following terms : — “ Je m’ étonne de
“ ce que bien des gens répugnent à faire
“ cette saignée. La seule raison qu’ ils
“ alléguent, c’est la crainte de l’ hemor-
“ rhagie ; mais si l’on se rappelle les moyens
“ que nous avons donnés, pour arrêter le
“ sang, on sentira combien cette crainte
“ est frivole.” — T. ii. p. 138.

Wiseman, who practiced the scarification and excision of hemorrhoidal tumors, records no instance of a fatal bleeding. — Book 3. Chap. 1.

Though Dionis, in recommending the operation by excision, seems to apprehend that an embarrassing hemorrhage may sometimes take place, yet he makes no allusion to any particular case, by which we might suppose these fears to be excited.

“ Quand la malade a pris sa résolution,

“ on le prépare par une ou plusieurs saig-
“ nées selon ses forces, et par quelques
“ purgations. On lui donne une lavement
“ peu d’heures avant que d’operer pour
“ vuidier le rectum, et ensuite on le fait
“ coucher sur le bord du lit, le ventre en
“ dessous et les pieds en bas, et les fesses
“ étant tournées du côté du jour, on les
“ fait écarter par deux serviteurs, puis
“ l’opérateur prenant de la main gauche
“ avec des pincettes la poche de chaque
“ hémorroïde, il les coupe l’une après l’au-
“ tre avec des ciseaux qu’il tient de la main
“ droite, observant d’en laisser une des
“ plus petites pour le maintient de la santé,
“ comme nous avons dit. S’il restoit
“ quelque portion de ce sacs qu’ont n’eût
“ pas pu couper à cause du sang qui em-
“ barasseroit dans l’opération, on la con-
“ sumeroit par la suite avec des onguents
“ propre pour cet effet.” — Op. de Chirurg.
par la Faye, p. 404. ed. quatrième.

Le Dran did not hesitate both to advise and perform the operation with the knife for the removal of hemorrhoidal tumors. “Il faut ensuite couper les hemorrhoides l’une après l’autre à leur racine; c’est-à-dire, au niveau de la tunique interne sur laquelle elles tiennent.”—Consult. par Le Dran, p. 265.

“Mais outre la douleur énorme et presque insoutenable, que les ligatures causeroient, il seroit possible que l’inflammation s’entendant le long du rectum, elle gagnât les autres intestins, et produisit les mêmes accidens que ceux que l’on voit survenir aux hernies en conséquence de l’etirement de l’intestin. Il est donc plus à propos de les couper l’une après l’autre.” — P. 270. *

* See Observations de Chir. par Le Dran, T. ii. p. 226.

Now, it does not appear from the works of Mr. Pott himself, that he had ever seen a fatal hemorrhage ensue upon the excision or amputation of hemorrhoidal tumors. For it is not to be supposed, when he takes notice of one, in which there happened a profuse and dangerous bleeding, that he would omit to mention those in which it destroyed the patient. Amongst his works, however, there is but one instance recorded in which the patient “nearly lost his life.” “Having seen profuse and dangerous hemorrhages from the use of the knife, particularly in one instance, in which the patient nearly lost his life, he always preferred the ligature.”—Pott’s Works by Earle, 1790, vol. iii. p. 194.

In a case, which bears a strong resemblance to those I have detailed, Sabatier employed the knife. Hemorrhage, however, did not supervene.

“ J’en ai vu sur qui cet intestin formait
“ un bourrelet surmonté de sacs hémorroï-
“ daux desquels ils suintait une sérosité
“ âcre et corrosive qui rougissait et excori-
“ ait les parties voisines, ou une quantité
“ de sang considérable. Un des grands de
“ l’état avait été obligé de garder le lit
“ pendant huit à dix ans. Une célèbre
“ actrice perdait journellement deux ou
“ trois palettes de sang ce qui l’avoit con-
“ duit à un état de chachexie qui faisait
“ craindre pour sa vie. Tous deux ont été
“ guéris par la rescision de la partie la plus
“ saillante du bourrelet formé par le rec-
“ tum, faites avec des ciseaux combes sur
“ leur plat, après qu’on eut soulevé ses par-
“ ties saillante, avec des pinces ou avec
“ une airigne. On aurait pu craindre une
“ hémorrhagie grave qui cependant n’eut
“ pas lieu. C’est pour cela que l’opération
“ hardie dont je viens de parler a été rare-

“ment pratiquée, et par peu de personnes.”

—Voyez la Med. Op. par M. Sabatier, ed. seconde, t. ii. p. 490.

Even in prolapsus ani, Lieutaud considers the operation with the knife as “peu difficile, et qui n’est pas bien dangereuse.”

—Prec. de la Med. pratique, t. ii. p. 283.

Amongst the numerous cases of hemorrhoids, in which Mr. Ware employed the knife, there was only one instance of a remarkable degree of hemorrhage. It does not appear that he experienced any difficulty in restraining it. While he admits, however, that it has been sometimes difficult to restrain it, he believes that it may be always prevented from being seriously troublesome. “The pain which the operation occasions is really trifling, and the hemorrhage which follows is so slight, that I

“ have rarely had occasion to use any ap-
“ plication to check it.” — Chirurg. Observ.
by J. Ware, vol. i. p. 487.

“ At the same time the danger which is
“ liable to arise from a profuse hæmorrhage,
“ after cutting off so large a number of
“ hæmorrhoids, as often protrudes in this
“ disorder, is with many an objection of no
“ small weight against the old mode of ex-
“ cision; although I believe this hemor-
“ rhage may always be hindered from be-
“ coming seriously troublesome, if a due
“ attention be paid to keep the patient
“ cool, and to avoid hot liquors for a day
“ or two after the operation has been per-
“ formed.” P. 492.

“ I remember only two instances, in a
“ considerable number of this kind, in which
“ farther attentions were found necessary.
“ In neither of these did any ill conse-

“quences follow, except the alarm from
“an hemorrhage, which was quickly sup-
“pressed.” P. 493.

We are informed by Mr. Abernethy, that his attention was particularly directed to this subject at a very early period, and that during his subsequent practice he has often removed with both the scissors and knife, not only the hemorrhoids, but also the protruding folds of the lining membrane which often attend the disease. “It
“is now twenty years since I first began to
“remove them freely with the knife and
“scissors, and I have never met with any
“circumstance to deter me, whilst the re-
“lief of suffering which the operation has
“afforded to some, and the scarcely to be
“expected and complete cure which it has
“effected in many, has been highly grati-
“fying.”—Abernethy’s Surgical Works,
vol. ii. p. 233.

Indeed, so perfectly free from all apprehensions about hemorrhage is Mr. Abernethy, that he even directs that the parts should be allowed to bleed as long as they are disposed to do so, after the operation. “Formerly I met with troublesome hemorrhage, particularly on account of the blood effused into the rectum, creating an uncontrollable propensity to discharge it per anum; and in this act the wounded parts become again protruded and injured. Since, however, I have adopted the mode of treatment which I have described, I have witnessed no inconvenience of this kind. In general the patients feel very comfortable, and the anus seems as if there were no disease.” Ib. p. 241.

Although Mr. Home has been a witness to some cases of alarming hemorrhage, consequent on the removal of internal piles by means of the knife, yet he does not inform

us, that any case has come within his knowledge in which it proceeded to such an extent as to produce the death of the patient. It is his opinion, that, as it is within our power to arrest any bleeding which may take place, external hemorrhoids may always be removed with safety, by the knife. “ Removing piles by a cutting instrument is attended with considerable pain, but this is of short duration, and is so much less severe than that which takes place in removing them by ligature, that where it can be done with safety it is to be preferred. In this way external piles may always be removed, since the degree of induration of their coverings, produced by constant exposure to external circumstances, makes them less liable to bleed, and any hemorrhage that is brought on is within the reach of such applications as are capable of stopping it: but this is by no means the case with internal piles ;

“ their coats are thin, they are out of the
“ reach of having styptic applications accu-
“ rately and steadily applied to the bleeding
“ orifice, and in some instances within my
“ own knowledge, when they have been
“ removed by the knife, the bleeding has
“ been so great as to endanger the patient’s
“ life.” — Home on Ulcers, p. 365.

From the cases which have been published by Mr. Hey, among his valuable practical observations in surgery, from the result of those cases in which I adopted his principles and plan of treatment, and from the authorities I have quoted, it seems abundantly evident that our fears about fatal hemorrhages after the employment of the knife in the cure of hemorrhoidal disease are without foundation, and that surgeons have been led by reasons unsupported by experience, to reject the scalpel.

The opinion which generally prevails concerning the nature of these tumors is, that they consist in a varicose distension of the branches of the great hemorrhoidal vein; a ramification of the vena porta ventralis. Upon this notion, it is presumed that there is a particular liability to dangerous hemorrhage from either rupture or division of these vessels: for it is said, that as these veins have no valves there is nothing to prevent the descent of the blood towards their extremities, and its issue in fatal quantity, by the outlet which exists inferiorly.

This mode of thinking has in no small degree contributed to augment the apprehensions which are entertained by practitioners concerning the operation with the knife. It will not, therefore, be amiss to examine how far these opinions accord with the facts which anatomical investi-

gations teach us relative to the structure of the parts in question.

It has been remarked by Mr. Abernethy in his Surgical Works, that such piles as have been removed by ligature, and those with which he met in the dead body, possess no vessels of considerable magnitude, and that they seem to be composed of merely fleshy substance.

Mr. Home, in his work on ulcers, observes, that in cases of long standing hemorrhoidal tumors, both their nature and appearances are changed, “their contents coagulate and become solid, their coats increase in thickness, and they resemble pendulous excrescent tumors in other situations in the body.”

Availing myself of the extensive opportunities which my dissecting-room annually

affords me, I have taken some pains to ascertain the nature of these tumors; and I cannot say that they seemed to be formed of a varicose distension of the great hemorrhoidal vein, even in a single instance. In every case of external hemorrhoids the tumors appeared to be composed of a prolongation of the cellular substance in a state of unusual firmness, surrounded by some veins, and covered by the integuments which form the folded margin of the anus. The veins were branches of the internal iliac. In every case of internal hemorrhoid the structure was pretty similar; the veins, however, seemed enlarged, and were branches of the hemorrhoidal.

Long after I had shown these sheets to my friends, and I had determined to commit them to the press, I met with the *Traité des Hémorrhoides par De Larroque*, an ingenious essay, which had reached this

country only a few days before. Having remarked that the erroneous opinion which so generally prevails about the varicose nature of hemorrhoidal tumors principally rests on the authority of Hippocrates and Morgagni, the former of whom made no dissections upon this point, this author proceeds to distinguish two varieties of hemorrhoidal tumors. The one composed of a spongy or cellular substance, the other encysted. We are informed that, on cutting into the first species, we meet with a homogeneous parenchyma of a reddish colour, from which on pressure pure blood and serum issues, and which grows pale by maceration. He describes the veins to lie between this substance and the common integuments, and asserts that there is no trace of a varicose affection of these vessels in the commencement of the disease. From these facts, and the trifling hemorrhage which follows the deep incisions made by

the surgeon, he concludes that the common opinion of their nature is founded in error.

In the second or encysted species, he has remarked, that their internal surface is smooth and whitish when they are empty, but lightly red when they contain blood. These cysts usually occupy the centres of the tumors; sometimes, however, they lie under its external tunic, separated from it by a compact layer of cellular membrane; when there are dilated veins, they appear to be more intimately connected with the coverings of the tumor than with the cyst, with which their ramifications only communicate directly, terminating in the parenchymatous tissue which it contains.

“ L'anatomie pathologique nous ap-
“ prend effectivement que ces tumeurs
“ sont de deux sortes; tantôt elles sont
“ seulement celluleuses ou spongieuses,

“ ainsi que le dit Le Dran ; d’autres fois
“ elles sont enkistées, comme je l’ai observé
“ après M. Recamier.

“ Si on coupe par le milieu la première
“ espèce de ces tubercules, on trouve un pa-
“ renchyme homogène très-souvent rouge-
“ âtre, mais qui devient blanchâtre lorsqu’
“ on le lave dans l’eau, et surtout quand
“ ou le met en macération. Si, avant de
“ le laver, en presse ce tissu, on en fait
“ sortir, comme d’une éponge, du sang pur,
“ de la sérosité sanguinolente, ou bien une
“ liquide séreux très-limpide.

“ Remarquons que, dans les cas même où
“ il existe des veines variqueuses, ce paren-
“ chyme cellulaire ne manque jamais, tant
“ il est vrai que c’est à son développement
“ qu’on doit attribuer l’existence des tumeurs
“ hémorrhoidales. Ordinairement les veins,
“ quand il y en a, se trouvent placées à

“ l'extérieur de ce tissu organique, et vont
“ s'y perdre par des ramifications extrême-
“ ment ténues. Cette disposition générale
“ des veines nous donne une nouvelle preuve
“ que ces tumeurs hémorroïdales ne dé-
“ pendent pas des varices ; car alors celles-
“ ci devraient être répandues dans les tu-
“ meurs elles-mêmes, et non point à leur
“ surface.

“ Il suit de là que les dilatations veineuses
“ ne doivent pas être regardées comme le
“ cause immédiate de la maladie, mais bien
“ comme une simple complication, puisque,
“ lorsque les hémorroïdes sont récentes,
“ on ne rencontre aucune trace de varices.
“ D'où je conclus encore que l'opinion
“ commune sur la cause immédiate des
“ tubercules hémorroïdaux, est si non dé-
“ pourvue de toute espèce de fondement,
“ du moins extrêmement erronée. Cela est
“ évidemment prouvé, non seulement par

“ l’inspection anatomique des ces tumeurs,
“ mais encore par l’examen de la marche de
“ la maladie, et par ce qui arrive dans
“ certaines opérations chirurgicales qu’on
“ pratique sur les hemorrhoides.

“ Si l’on remarque en effet ce qui se
“ passe lorsqu’on fait des ouvertures aux
“ tubercules hemorrhoidaux enflammés, on
“ voit que les incisions, quoique assez pro-
“ fondes, ne donnent souvent issue qu’à une
“ quantité de sang tres-moderée, tandis que
“ ce liquide sort plus abondamment par le
“ piqûres de sangsues. Que conclure de
“ ces faits ? C’est que les tumeurs ne sont
“ aucunement formés par des veines vari-
“ ques ; car si elles l’étoient réellement,
“ les ouvertures faites par l’instrument tran-
“ chant donneraient lieu à une hemorrhagie
“ difficile à arrêter, et même funeste pour
“ le malade qui manquerait de secours.
P. 61, 62, 63.

“ Les tumeurs hémorrhoidales de la
“ seconde espèce sont formées par du tissu
“ cellulaire et des kistes, qui très-souvent
“ sont nombreux et de grandeur variée ;
“ d’autres fois ils sont solitaires. Dans ces
“ derniers cas j’ai remarqué que leur sur-
“ face interne est constamment lisse et
“ blanchâtre, lorsqu’ ils sont dans l’état de
“ vacuité, et légèrement rougeâtre quand ils
“ contiennent du sang. Ces poches soli-
“ taires occupent ordinairement le centre de
“ la tumeur ; quelquefois aussi elles sont
“ très-près de la peau ou de la membrane
“ muqueuse. Dans presque tous les cas
“ elles se trouvent séparées de ces deux
“ membranes par l’intermède d’une tissu
“ cellulaire serré.

“ Quand les tumeurs hémorrhoidales pré-
“ sentent des veines dilatées, celles-ci sont
“ ordinairement placées plus près de la
“ membrane muqueuse ou de la peau, que

“ de la face externe du kiste, et jamais on
“ ne voit que leur ramification communi-
“ quent directement avec ce kiste ; elles se
“ perdent toujours dans le tissu parenchy-
“ mateux de la tumeur.” P. 69, 70.

This author farther shows the dissimilarity between varices and hemorrhoidal tumors, by contrasting the circumstances of their development and progress. Varices, he observes, commence by slow degrees, unmarked by pain, irritation, or heat. That the tumors are soft to the touch, and of an oblong form, and betray no hardness until the blood which they contain coagulates. That they produce no pain unless irritated externally, or greatly distended by their fluid ; that their volume progressively increases ; that they are not subject to periodical changes ; they never shrink and disappear ; or produce a discharge of blood except when they are injured by accident

or degenerate into ulcers. And finally, that they show no tendency to cancer or scirrhus.

Hemorrhoidal tumors, on the contrary, appear suddenly, and are generally preceded by itchings and prickling sensations about the rectum and anus, weight in the perineum, and a dull pain in the region of the loins and sacrum. They are often seized with inflammation; their form is circular; they are firm from the commencement; to their periods of tumefaction succeed a withering and wrinkling of their coverings; they have their periodical exacerbations and remissions, their sanguineous discharges; they seem to put a crisis, even when they do not bleed, to other diseases; and they sometimes degenerate into scirrhous and cancerous ulcers. “Si l’on compare,” &c. P. 64—66.

Now it appears, from these enquiries, that hemorrhoidal tumors are not formed by veins dilated into varices, and of consequence that all alarm which exists about hemorrhage on this score is, if not altogether, at least in a great part, without foundation.

Having thus fully established the principle, that the knife may be used with safety and advantage in the treatment of hemorrhoids, I can yet imagine, that the arguments which bring conviction to my mind may have a less powerful effect on the minds of the doubting and timid practitioner. But even he, I think, must acknowledge that abundant evidence has been adduced of the innocency and efficacy of the operation with the knife in cases of external excrescences, which bear a resemblance to those whose histories I have prefixed to these observations.

It cannot have escaped the reader's notice, that these cases were attended by internal hemorrhoids and prolapsus ani, with which the operation did not immediately interfere; that these tumors ultimately disappeared, and the prolapsus ani never returned; consequently there is reason to conclude, that in similar cases the removal of the external parts alone will be sufficient to remove the internal disease, and the inconveniences which are its attendants.

Mr. Hey conceives the operation to produce its effect, by bringing about a more firm adhesion among the parts, and exciting the sphincter ani to its proper action; and that by these means a permanent and effectual support is afforded to the lower part of the rectum. How far the proper action of the sphincter ani is increased it is not easy to determine. I rather feel disposed to explain the matter by attributing

the support of the parts to the contracted callous circle which forms the margin of the anus, and the restraint which is thus set to the yielding disposition of its proper muscle.

Before I conclude this article, it may be prudent to direct the attention of the young practitioner to the great tendency of the anus to excessive contraction subsequent to this operation. The prevention readily suggests itself: Petit relates a case in which his patient was so imprudent as to withdraw a tent introduced after the operation, and to conceal from his surgeon that he had done so. The anus grew narrower daily, and in the end nearly closed. “ Il m’est
“ arrivé d’en avoir un de cette espèce ; je
“ lui avois coupé un bourrelet d’hémor-
“ rhoïdes dures, toutes adhérentes, la plu-
“ part ulcérées, et qui bordoient presque
“ la circonférence du rectum. L’hémor-

“ rhagie avoit été considérable, je l’avois
“ arrêtée avec les deux tampons. Il fut
“ cinq jours sans aller à la selle, et par
“ conséquent cinq jours avec le premier
“ tampon, car je ne l’ôte, comme j’ai dit, que
“ le plus tard qu’il m’est possible, parce que
“ si les caillots qui bouchent les vaisseaux,
“ ne sont pas assez solides, en les retirant
“ on les detache, et l’hémorrhagie recom-
“ mence. Je le pansai avec le tente, cou-
“ verte de digestif; elle entra avec facilité;
“ il ne s’en plaignit pas d’abord, mais
“ quelques heures après, soit qu’il sentît
“ effectivement de la douleur, soit qu’in-
“ discrettement quelqu’un lui eût dit que
“ je lui avois mis cette tente, il m’envoya
“ prier de la lui ôter, ce que je ne voulus
“ point faire; et lui ayant dit le raisons pour
“ lesquelles je la mettais, il parut s’y rendre.
“ Pendant quelques jours je trouvois la
“ tente à sa place; mais par la suite il me
“ trompa, me disant quand je ne l’y trou-

“ vois pas, qu’il avoit ôtée pour aller à la
“ selle ; mais je connus bien qu’il m’en
“ imposoit, car de jour en jour l’anus se ré-
“ trécissoit, et alors lui causant beaucoup
“ de douleur, en introduisant la tente,
“ quoiqu’elle ne fût pas plus grosse qu’
“ l’ordinaire, il ne voulut absolument plus
“ que je m’en servisse. Il eut lieu de se re-
“ pentir de m’ avoir trompé, car, étant
“ guéri, l’ouverture de l’anus étoit si étroite,
“ qu’ à peine y pouvoit on passer un canon
“ de seringue. Lorsque le matières étoient
“ liées, elles sortoient comme d’une filière,
“ s’arrangeoient dans son bassin comme une
“ paquet de ficelle tortillée. A l’aide des
“ lavemens, il porta son incommodité plus
“ de deux ans, ayant souvent le rectum
“ bouché par de matières épaisses, que les
“ lavemens ne delayoient qu’ à peine.
“ Pendant ce tems je lui proposai plusieurs
“ fois de lui dilater l’anus ; ne se determi-

“nant point, j’ai cessai de le voir.”—Œuv. Chirurg. de Petit, t. ii. p. 134.

Finally, I conceive it unnecessary to draw any argument in favour of the knife, from the fatalities which have followed the application of the ligature to hemorrhoidal tumors. I shall content myself with quoting Mr. Copeland’s words:—“In one instance the patient very narrowly escaped death, in another very serious symptoms were produced by the operation, and in a third the operation was actually fatal; I have also heard of one or two other instances where the life of the patient was destroyed by tying off hemorrhoidal excrescences.”—Observations on some of the principal Diseases of the Rectum and Anus, p. 45.

The records of surgery furnish many similar examples.

POSTSCRIPT.

I have just had the opportunity of examining the anus of a man, an extern patient at St. Peter's Hospital, on whom the operation of cutting away the hemorrhoidal excrescence was performed by Mr. M. Daniel *, now three weeks ago. The appearances are most satisfactory. The relief which the patient obtained can be best estimated by the reader when he is informed, that the disease was of twelve years' standing, and that at every stool there took place a prolapsus ani, which it was often difficult and painful to return.

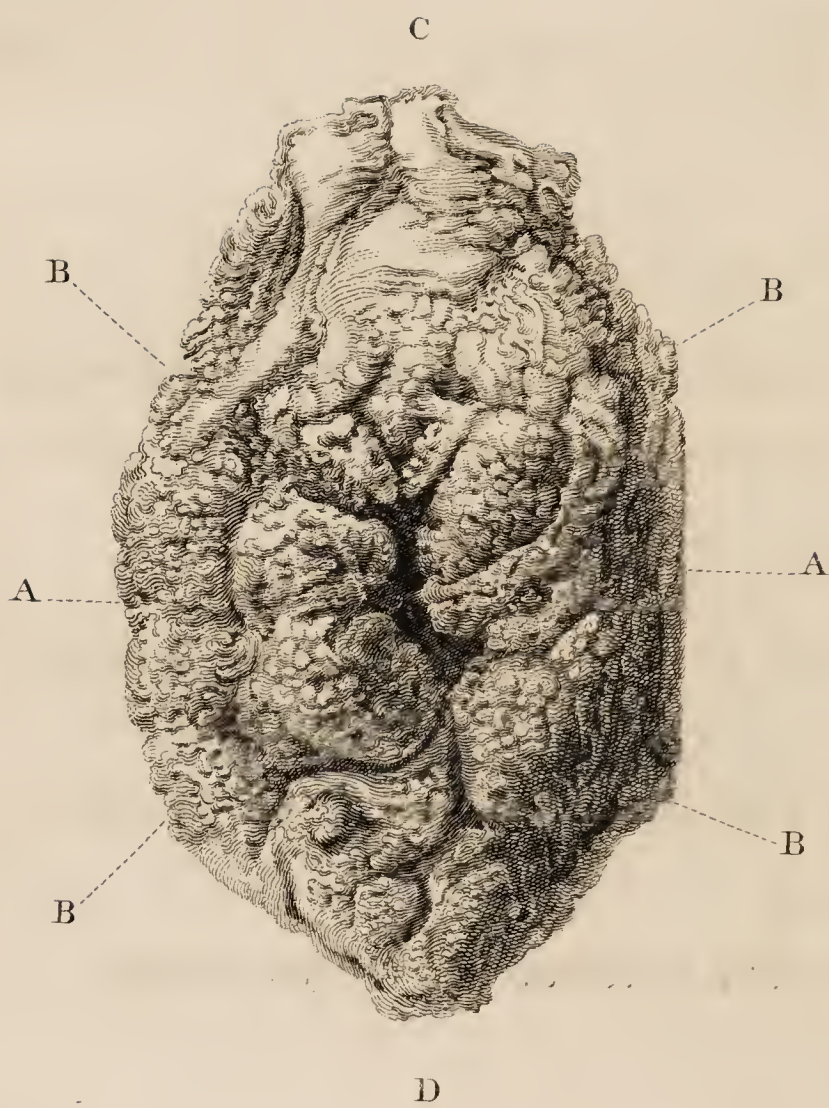
October the 8th.—It is now four days since I removed the hemorrhoidal excrescence from Mrs. T——, who for the last twelve months had been a great sufferer

* Demonstrator at the Anatomical Theatre in Peter-street, and Junior Surgeon to St. Peter's Hospital.

from the disease. In this case the anus was more relaxed than in any of the former instances, and the piles which protruded through it were more numerous, and of a more livid colour. Her strength was much reduced by frequent hemorrhage.

The quantity of blood which followed the operation was very inconsiderable. The bowels have been preserved in a proper state of openness by small doses of sulphate of magnesia, and things at present seem to wear a very promising aspect. After I had applied the usual dressings, I examined the excrescence in the presence of Dr. Mills of Dominick-street, and Mr. Gibbons of the Royal Artillery, by whom I was assisted. Several small vessels encircled a number of firm yellowish nuclei, but we could not discover a single vessel of any remarkable magnitude.

THE END.



EXPLANATION OF THE PLATE.

*The margin of the Anus as it appeared after
several years' preservation in spirits.*

A A The orifice of the anus.

B B B B The hemorrhoidal tumors which
surround it.

C The coccygeal angle by which it is sus-
pended.

D The anterior or perinæal angle.

In the Press, and shortly will be published,

BY THE SAME AUTHOR,

OBSERVATIONS

On WRY NECKS; on the REDUCTION of LUX-
ATIONS of the SHOULDER JOINT; on CARTILA-
GINOUS SUBSTANCES in the KNEE JOINT; on
HARE-LIP; and on the USE of the EXTRACT of
STRAMONIUM.

